

INSTRUCTIONS

APPLICATION FOR COSMETOLOGY SCHOOL APPROVAL

The attached application lists the requirements a school of cosmetology must meet in order to be approved by the Board of Barbering and Cosmetology (Board). A school approved by the Board is one which is approved by the Bureau for Private Postsecondary Education (BPPE) and provides a course of instruction approved by the Board. If your school has a change of ownership, change of location, or change of name, you must first obtain approval from the BPPE and submit a new application to the Board. Please note a change of location only requires BPPE “approval” if the move is more than 10 miles from the original location; however any change of location requires Board approval and written notification to BPPE. If you would like to add additional courses of instruction, you must submit an Application to Add Course to Approved School to the Board and submit written notification to the BPPE. The Board's school applications and forms can be found on our website at www.barbercosmo.ca.gov under the Forms/Publications tab.

Please complete the attached application, and place your initials in the boxes provided if your school has complied with each requirement. The application must be signed by the school owner(s) under penalty of perjury, and returned to the Board along with all the required documents.

The Board will notify you in writing whether your application is complete or deficient. Once you have submitted a completed application with the required documents, a Board Inspector will conduct an on-site inspection of your school. Any violation(s) of the Board's laws or regulations must be corrected. You will be required to certify under penalty of perjury that the appropriate corrections have been made, and in some cases, a second inspection by a Board Inspector may be required before approval is granted.

Once your school has been approved, the Board will send a letter issuing you a School Code. Your School Code will identify your school, and will be used on all Proof of Training documents to identify students attending your school. **NOTE: ANY HOURS A STUDENT COMPLETES BEFORE YOUR SCHOOL IS ISSUED A SCHOOL CODE WILL NOT BE ACCEPTED.**

Please find the following enclosed:

1. Application for Cosmetology School Approval;
2. The Barbering and Cosmetology Act and Rules and Regulations;
3. Cosmetology School Equipment List;
4. Relevant excerpts from the California Building Code;
5. The Board Approved Text and Reference Books; and
6. “How to Obtain the Required Curriculum for Health and Safety for Hair Care and Beauty Professionals”.

APPLICATION FOR COSMETOLOGY SCHOOL APPROVAL

| | | | |
|---|--|---|---|
| <input type="checkbox"/> New School (Complete all sections) | <input type="checkbox"/> Change of Ownership (Complete A, B (1, 3 & 5), C & D) School Code: _____ | <input type="checkbox"/> Change of Location (Complete A, B (1 & 2) & D) School Code: _____ | <input type="checkbox"/> Change of Name (Complete sections A, B(1) & D) School Code: _____ |
|---|--|---|---|

SECTION A: SCHOOL INFORMATION

| | | | |
|--|-------------------------|---|----------|
| School Name | | Previous School Name (if you are changing your school name) | |
| School Address (include suite number if applicable) | City | CA | Zip Code |
| Previous Address (if you are changing your location) | City | CA | Zip Code |
| Mailing Address (if different from school address) | City | CA | Zip Code |
| Contact Name and Email Address | Telephone Number () | Fax Number () | |

SECTION B: SCHOOL REQUIREMENTS (Please initial each requirement, and include all documents requested with this application, or it will be considered deficient.)

| | | |
|-----|--------------------------|--|
| (1) | <input type="checkbox"/> | Have received provisional approval from the Bureau for Private Postsecondary Education (BPPE). Include a copy of your provisional approval from BPPE. |
| (2) | <input type="checkbox"/> | Have met the building code standards established by the Board pursuant to California Code of Regulations (CCR) section 7362.1(a) and pursuant to California Building Code section 1253.1.1. Submit a floor plan demonstrating room for equipment and floor space necessary for at least 25 students or the number of students enrolled in the course, whichever is greater. Must be at least 3,000 square feet, not less than 2,000 square feet of which shall be provided for the working, practice, and classroom areas. |
| (3) | <input type="checkbox"/> | Have met the minimum equipment requirements for a school of cosmetology pursuant to CCR section 940. |
| (4) | <input type="checkbox"/> | Have at least 25 full time students interested in attending the cosmetology course at your school pursuant to CCR section 7362.1(b). Include a list of 25 students interested in attending the cosmetology course at your school. |
| (5) | <input type="checkbox"/> | Provide curriculum for a full cosmetology course pursuant to CCR section 950.2 which includes a course of practical training and technical instruction. |

SECTION C: OWNERSHIP (Individual, Sole Proprietorship, Partnership, or Corporation)
Complete only ONE section that applies to the type of ownership established for your school.

If Owner is an **INDIVIDUAL** complete the following:

| | | |
|---|------------|-------------|
| Last Name | First Name | Middle Name |
| Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

(OR)

If Owner is a **SOLE PROPRIETORSHIP** (must be husband and wife) complete the following:

| | | |
|---|------------|-------------|
| Last Name | First Name | Middle Name |
| Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

| | | |
|---|------------|-------------|
| Last Name | First Name | Middle Name |
| Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

(OR)

If Owner is a **PARTNERSHIP** (list ALL partners - attach a separate sheet if needed) complete the following:

| | | |
|--|------------|-------------|
| Federal Employer Identification Number (FEIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Last Name | First Name | Middle Name |
| | | |
| | | |
| | | |
| | | |

(OR)

If Owner is a **CORPORATION** (must be a corporation registered with the California Secretary of State to show corporate ownership) complete the following:

| | | | |
|--|-----------|--|----------------|
| Name of Corporation | | Federal Employer Identification Number (FEIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Address (if different from school address) | | City | State |
| | | | Zip Code |
| | | | |
| Title | Last Name | First Name | Middle Initial |
| President | | | |
| Vice President | | | |
| Treasurer | | | |
| Secretary | | | |

SECTION D: CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information provided on this application is true and correct to the best of my knowledge and that the school has meet all the requirements set forth in the Barbering and Cosmetology Act and California Code of Regulations.

WHO MUST SIGN THIS FORM:

IF INDIVIDUAL OWNER: **THE OWNER**
IF A SOLE PROPRIETORSHIP: **HUSBAND AND WIFE**
IF A PARTNERSHIP: **ALL AUTHORIZED PARTNERS**
IF A CORPORATION: **THE PRESIDENT OR THE TREASURER**

X _____
Signature Date

X _____
Signature Date

Printed Name

Printed Name

X _____
Signature Date

X _____
Signature Date

Printed Name

Printed Name

FOR CHANGE OF OWNERSHIP ONLY:

X _____
Previous Owner Signature Date

X _____
Previous Owner Signature Date

Printed Name

Printed Name

X _____
Previous Owner Signature Date

X _____
Previous Owner Signature Date

Printed Name

Printed Name



State and Consumer Services Agency – Governor Edmund G. Brown Jr.

BOARD OF BARBERING AND COSMETOLOGY

P.O. Box 944226, Sacramento, CA 94244-2260

P (916) 575-7168 F (916) 575-7281 www.barbercosmo.ca.gov



INFORMATION COLLECTION, ACCESS AND DISCLOSURE

This statement is for your information.

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE: (916) 574-7570

FAX NUMBER: (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN)

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.